

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

NO. 09-763141
APPLICANT(S)
PILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			
2	/		/			
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TOTAL IND.	5		5		5	
TOTAL DEP.	7		6		6	
TOTAL CLAIMS	12	ADMITTED	11	DISMISSED	10	DISMISSED

100
TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS